

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

10/550,315

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52		1				
3		1					53	1					
4		3					54		1				
5		3					55	1					
6	1	0					56		1				
7	0	0					57	1					
8	0	0					58	1					
9	0	0					59	1					
10	0	0					60						
11	0	0					61						
12	0	0					62						
13	0	0					63						
14	0	0					64						
15	0	0					65						
16	0	0					66						
17	0	0					67						
18	0	0					68						
19	0	0					69						
20	0	0					70						
21	0	0					71						
22	0	0					72						
23	0	0					73						
24	0	0					74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.	6					
TOTAL DEP.							TOTAL DEP.	22					
TOTAL CLAIMS							TOTAL CLAIMS	28					